

**STATE OF NEBRASKA  
HELP AMERICA VOTE ACT**

**COMPLAINT FORM**

This form is to be used to file a complaint that the state or a county within Nebraska is not in compliance with the provisions of Title III of the Help America Vote Act. It is not intended for general complaints about the election process. For complaints of a general nature, please contact the Secretary of State at the above address.

If you need assistance in completing this form please call (402)471-2555

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Nature of Complaint**

Current or Ongoing \_\_\_\_ Is likely to Occur \_\_\_\_ Occurred previously \_\_\_\_  
(please provide approximate date: \_\_\_\_\_)

Please be as specific as possible as it assists in investigating the complaint. Please write legibly. Should additional space be necessary, please add additional sheets as needed.

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You have a right to a public hearing on a complaint. If a hearing is requested, a hearing officer will be appointed to conduct the public hearing. You may also waive the public hearing in which case the Secretary of State will investigate the complaint. You may also waive the public hearing at a later time. For more information on your right to a hearing please refer to the general information on the complaint procedure.

I request a public hearing \_\_\_\_\_

I waive the right to a public hearing \_\_\_\_\_

State of Nebraska       )  
                                      )ss.  
County of \_\_\_\_\_)

I, \_\_\_\_\_, being first duly sworn, state that the information provided above is to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip

Subscribed and sworn to before me, a notary public this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, at \_\_\_\_\_, Nebraska.

Seal

\_\_\_\_\_  
Notary Public